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(Re	questor's Name)	<u> </u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Document Number)		
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: September 11, 2013

Order#: 784856-267

Re: LSAC ORLANDO MANAGER LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 11	IDO MANAOEDILIO	
1. Name of the limited liability company: LSAC ORLAN	DO MANAGER LLC	
2. (a) Principal office address of limited liability compa	nv: c/o Lexington Realty Trust	
(Note: MUST BE STREET ADDRESS)	One Penn Plaza, Suite 4015	
	New York, NY 10119	6
		100
(b) Mailing address of limited liability company:	c/o Lexington Realty Trust	200
(Note: MAY BE POST OFFICE BOX)	One Penn Plaza, Suite 4015	
(MOIE. MAT BE TOST OFFICE BOX)	New York, NY 10119	
	New Fork, NT 10119	98/3 A
01/24/2007	M07000000445	
3. Date of filing/registration in Florida	4. Document number	ن جياح
2		
5. (a) Registered Agent and Registered Office shown o	n the records of the Florida D	ent of State at
5. (a) Registered Agent and Registered Office shown o	in the records of the Florida D	cpt. of State.
Registered Agent:	CT Corporation System	
Registered Agent.	OT Corporation System	
Desistand Office Address	1200 Cauth Dina Island Dand	
Registered Office Address:	1200 South Pine Island Road	
	Plantation, FL 33324	
		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent:	EW Registered Office address Corporation Service Compa	
NEW Registered Office Address:	1201 Hays Street	
(MUST BE FLORIDA STREET ADDRESS)		
	Tallahassee	,FL_32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the rentical. Or, in the case of a Florial (s) was/were authorized by an wise provided in the articles of	egistered office orida limited affirmative vote of
Dona Priebe, Authorized Person		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address. I hereby confirm that the limited liability compand	l agree to act in this capacity. proper and complete performe position as registered agent a nerely reflect a change in the	I further agree to ince of my duties, s provided for in registered office

By: Whose Likeby
Signature of Registered Agent Corporation Service Company Grace E. Kirby, Assistant VP

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00